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**CLINICAL AND DIAGNOSTIC CRITERIA OF OSTEOARTHRITIS**  
**IN THE ELDERLY PATIENTS IN THE FAMILY DOCTOR'S PRACTICE**  
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Osteoarthritis (OA) - the most common form of joint pathology. Osteoarthritis develops mainly in middle and old age, and at a young age may occur after trauma, inflammatory processes in people with congenital disorders of the musculoskeletal system. Although the development of osteoarthritis does not affect the vital prognosis, disease is a major cause of premature disability, as well as chronic pain syndrom, significantly reduce quality of life.

Patients complaints of pain in the knee joints makes every fourth patient is over the age of 55 years. Among people older than 65 years, 30% of men and 40% of women are determined by radiographic signs of OA of the knee joints. This disease is one of the major cause of chronic pain syndrom and disability in old age.

In the development of OA involves many factors; while some are playing a leading role (physical activities, microtraumas, hypoxia and ischemia), and others - predisposing (hormonal, metabolic, infectious and allergic factors, age, physical inactivity).

Survey of a patient find out the cause of the disease, the presence of risk factors and progression of the pathological process. On examination reveal joint deformation in the frontal and sagittal planes, gait disturbance, the ability to move around on their own or with the help of auxiliary means. Determine the location of the pain, the presence of synovitis, meniscal damage detected. Measure the range of motion in the joint, the amount of flexion and extension contractures.

The main clinical symptoms of OA - the pain and deformation of the joint, leading to disruption of its functions. Pain occurs when the load on the affected joint, when walking, decreases in peace. Characterized by evening and night pain after the daily load. There is also the formation of nodules in the proximal (nodules Bouchard) and distal (Heberden's nodes) interphalangeal joints.

The diagnostic process includes careful history taking, a detailed analysis of complaints, clinical examination, analysis of the causes of pain and deformities. In order to establish the correct diagnosis must take into account the presence of the mechanical type pain, clinical signs of deformation, roentgenological signs of joint space narrowing.

In laboratory studies, blood usually do not detect changes; in the study of the synovial fluid determined the slight haze, absence of crystals, leukocytes -. 2.0 thousand to less than 1 mm<sup>3</sup> and neutrophilic granulocytes - less than 25%.

Distinguish the following roentgenologic criteria for OA: osteophytes - bony edge sprawl; narrowing of the joint space; subchondral sclerosis (hardening of the bone) may be a cyst.

The common tasks the treatment of patients with OA are to prevent progression of degenerative processes in the articular cartilage; reducing pain and symptoms of reactive synovitis; improved joint function. The success of treatment depends not only on the course of medication, but also from the patient. Therefore, the main task of a comprehensive rehabilitation in the first stage is patient education. The successful interaction between the doctor and the patient, their mutual trust depends the results of treatment.